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Y Please type	a plus sign inside this box	 ⊥	PTO/SB/01 (12/97)	Ap	proved for use through 09	30/00, OMB 0651-0032					
	DECLARATI		LITY OR	Attorn	ey ket Number	11520.0228					
	PATEN'	D <mark>E</mark> ŠIGN T APPLICATI	ON- ·	First N	Named Inventor	Sethi, et al.	1				
		7 CFR 1.63)	·		COMPLETE IF KNOWN						
				Applic	ation Number						
	Declaration Submitted OF		laration mitted after Initial	Filing	Date	February 9, 2001					
	with Initial	Fili	ng (surcharge	Group Art Unit							
	Filing		(37 CFR 1.16(e)) required)		ner Name						
As a below named inventor, I hereby declare that:											
My resi	dence, post office add	lress, and citizensh	ip are as stated below no	ext to my	name.		1				
			or (if only one name is linich is claimed and for w			est and joint inventor (if plus invention entitled:	ıral				
		A Method for Dete	ecting Bacterial Exacerba	ations of	Chronic Lung Diseas	se					
the specification of which (Title of the Invention) is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) if hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.											
Prior Foreign Application (Numbers) Country			Foreign Filing (MM/DD/YY)		Priority Not Claimed	Certified Copy Attached? YES NO					
					0000						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.											
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.											
			· · · · · · · · · · · · · · · · · · ·								

Application Number(s)

Filing Date (MM/DD/YYYY)

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

DECEMENATION -	- Utility or	Design 🖺	tent Application
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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number					ite of the prio	Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)		
□ A	dditional U.S. o	r PCT intern	ational appli	ication numbers	are listed on	a supplen	nental priority d	lata sheet Pi	ΓO/SB/02	B attached hereto.	
As a named in Office conne	inventor, I hereb	y appoint th	e following	registered practi	itioner(s) to pr	rosecute t	his application	and to transa	act all bus	siness in the Paten	and Trademark
☐ Customer	Number OR								lace Customer mber Bar Code		
Registere	d practitioner's r	name/registr	ation numbe	r listed below						144	Label Here
Name				Registration Number		Name				Registr Num	
Ranjana Kadle R. Kent Roberts Martin G. Linihan }Kevin D. McCarthy }David L. Principe			40,041 40,786 24,926 35,278 39,336		John M. Del Vecc Michael F. Scali Patrick J. Tracy Daniel C. Oliver Edwin T. Bean, J			ise / cio	42,475 34,920 42,187 33,435 16,639		
.i □Additional	registered pract	itioner(s) nai	med on supp	olemental Registe	ered Practition	ner Inforr	nation sheet PT	O/SB/02C a	ittached h	ereto	
Direct all o	Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☐ Correspondence address below									ress below	
Name	Ranjana Ka	dle									
Address	Hodgson R	uss LLP LLP									
Address	One M&T	Plaza, Sui	te 2000								
City	Buffalo		-n		State	New York			IP	14203-2391	
Country	United State	Inited States Telepho			(716) 856	5-4000 Fax			ıx	(716) 849-03	349
further that th	iese statements v	vere made w	ith the know		ul false statem	nents and	the like so mad	e are punish	able by f	pelief are believed ine or imprisonme	to be true; and nt, or both, under
Name of Sole or First Inventor:											
Given Name (first and middle [if any]) Family Name or Surname											
Sanjay						Sethi					
Inventor's Signature									Date		
Residence: City		Williamsville State			New Yo	ork Country US.		A	Citizenship	India	
Post Office Address 13		13 Spindrift Court, #2									
Post Office Address				•							
City Williamsville		sville	State	New Yo	ork ZIP		14221		Country	USA	
■ Addition	nal inventors	are being	named on	the 1 supple	mental Ad	ditional	Inventor(s)	sheet(s) P	TO/SB	02A attached	hereto.

DECLARATION

DDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Jo	int Inventor, if any:		[□ A pet	ition has bee	en filed for this u	insigned invent	or			
Given Nan	me (first and middle [if a	ny])	Family Name or Surname								
	Murphy										
Inventor's Signature		Date									
Residence: City	East Amherst	New Y	ork Country USA			Citizenship	USA				
Post Office Address 31 Whispering Court											
Post Office Address	Post Office Address										
City	East Amherst	State	New York		ZIP 14051		Country	USA			
Name of Additional Jo	Name of Additional Joint Inventor, if any:										
Given Nan	<u> </u>	Family Name or Surname									
31,000					/····		.				
Inventor's Signature	Date										
Residence: City		State		Country			Citizenship				
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Name of Additional Joint Inventor, if any:											
Given Nam	Family Name or Surname										
Inventor's Signature				Date							
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